

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 71-46545	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	X					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24	1		1		1	
25		1		1		1
26		1		1		1
27		1		1		1
28		1		1		1
29		1		1		1
30		1		1		1
31		1		1		1
32		1		1		1
33		1		1		1
34		1		1		1
35		1		1		1
36		1		1		1
37		1		1		1
38		1		1		1
39		1		1		1
40		1		1		1
41		1		1		1
42		1		1		1
43		1		1		1
44		1		1		1
45		1		1		1
46		1		1		1
47		1		1		1
48		1		1		1
49		1		1		1
50		1		1		1
TOTAL IND.	1					
TOTAL DEP.	22	22	22	22	22	22
TOTAL CLAIMS	23					

*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1	
52		1		1	
53		1		1	
54		1		1	
55		1		1	
56		1		1	
57		1		1	
58		1		1	
59		1		1	
60		1		1	
61		1		1	
62		1		1	
63		1		1	
64		1		1	
65		1		1	
66		1		1	
67		1		1	
68		1		1	
69		1		1	
70		1		1	
71		1		1	
72		1		1	
73		1		1	
74		1		1	22
75		1		1	1
76		1		1	6
77		1		20	19
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.				1	1
TOTAL DEP.		82	82	70	70
TOTAL CLAIMS		83	83	71	71